

*Treatment for Pathological/Problem Gambling
and the
Role of State Alcohol and Other Drug Agencies*

**Prepared by:
The National Association of State Alcohol
and Drug Abuse Directors, Inc. (NASADAD)**

**With Support from:
The Substance Abuse and Mental Health Services
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Executive Summary

- By July 2004, 28 States have considered or are considering legislation that introduces or expands gaming activities. This is largely in response to the States' recent fiscal crises and the immediate revenue that gaming activities represent.
- Twenty-two of the 51 SSAs (or combined SSA and Mental Health Authorities) responding to the inquiry reported that they have current responsibility for the treatment of pathological/problem gambling. Three respondents identified emerging responsibility.
- Seven SSAs identified other State Agencies that have this responsibility. Four of these agencies are State Mental Health Programs. (It should be noted that one of the twenty-two SSAs noted above is also the State's Mental Health Authority, and treatment for pathological gambling is organized under this merged infrastructure).
- Seventeen of the 22 SSAs that have current responsibility for treatment also report existing funding to support this. Eight additional SSAs, including those with existing or emerging responsibility, identified anticipated funding.
- Of the 25 SSAs that identified existing or anticipated special funding to support problem gambling prevention/treatment activities, 21 described revenue streams that are directly tied to gaming revenues.

The data in this report indicate that the SSAs are in a significant period of transition in regard to this responsibility. Since it appears likely that SSAs' involvement in the treatment of compulsive gambling will increase, it may be helpful to:

- Provide model language that could be utilized in State legislative proposals that requires the identification of an agency responsible for providing treatment, and a funding stream to support it.
- Making information concerning "Best Practices" for treating substance use disorders and co-occurring compulsive gambling more widely available.
- Develop templates of organizational models and related materials that States have used successfully to provide treatment for this population
- Engage in initiatives that would lead to closer ties and collaborative efforts between NASADAD and the Association of Problem Gambling Service Administrators (APGSA).

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Treatment for Pathological/Problem Gambling and the Role of State Alcohol and Other Drug Agencies

Background

The introduction and expansion of gaming activities has an immediate and positive impact on State revenues. According to a National Conference of State Legislatures report (*Pulsipher, I., July 2004*), during the recent States' budgets fiscal crises, when an unprecedented number of States experienced record budget deficits, the potential revenue that legalized gaming represented had State policy-makers in 28 States examining gaming proposals to boost revenues and help pay for education, health care and other basic necessities that States provide.

The long-term impact of this strategy for resolving State budget-shortfalls will not be evident for some time. But an increase in gambling opportunities will almost certainly be accompanied by an increase in the incidence of problem/pathological gambling in the general population.

Problem gambling is not as severe as pathological gambling, and is usually defined as gambling that causes some detrimental effects on the gambler's work, social, financial, or family life. The DSM-IV defines pathological gambling as an impulse control disorder. However, pathological gambling resembles dependence on a physical substance, and symptoms are consistent with tolerance, withdrawal, relief use, preoccupation, efforts to control or discontinue, and significant social and occupational consequences.

Problem/pathological gambling is more common among people with Alcohol Use Disorders (AUDs) compared to those without such disorders (NIAAA, 2002). This association holds true for people in the general population and is even more pronounced among people receiving treatment.

It is reasonable to conclude that not only will a rise in the opportunity to gamble for the general population result in a rise in the number of individuals seeking treatment for problem/pathological gambling, but the individuals who present for treatment of a substance use disorder will be more likely to have a co-occurring compulsive gambling disorder.

In anticipation of this trend, NASADAD conducted an environmental scan of the status of treatment for problem/pathological gambling by providers in each State which receive some funds from the Single State Authority (SSA).

Methodology

So that NASADAD could gather some basic information concerning the locus of responsibility in each State for the treatment of problem/pathological gambling, the NASADAD Treatment Committee and NASADAD staff prepared and disseminated a membership inquiry (attached) via e-mail and through its Web site to its members. Members were asked to respond either through the Internet-based electronic response, or by completing the e-mailed inquiry and faxing or e-mailing it back. The members were asked to complete the inquiry by the end of May, and additional responses were gathered at the association's Annual Meeting (June 5-9, 2004). To ensure the highest possible response rate, all non-respondents were then contacted by telephone and given the opportunity to answer the inquiry in a brief telephone interview.

Results

Out of a possible response number of 51, NASADAD received 51 responses for a response rate of 100%.

Responding SSAs

Respondents	AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OR, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY
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Description of Data

Tables 1a and 1b: Responses and Comments to Question 1, "Does the SSA in your State have responsibility for the treatment of problem/pathological gambling?"

Yes (23)	AK, *CA, CT, DE, IL, IN, IA, KS, LA, MA, MI, MO, NE, *NC, *ND, NJ, OR, PA, RI, SC, SD, TN, WV
No (28)	AL, AZ, AR, CO, DC, FL, GA, HI, ID, KY, ME, MD, MN, MS, MT, NV, NH, NM, *NY, *OH, *OK, *TX, UT, VA, VT, *WA, *WI, WY

* The asterisk identifies those States that qualified their yes or no response regarding this responsibility. Their comments as well as comments offered by the SSAs who gave a definitive yes or no are included in the table below.

If no, please identify the agency responsible:

AL	Did not identify another agency*
AZ	"Department of Gaming."
AR	To the member's knowledge, no State agency has authority to deal with this matter*
*CA	Has legislative authority to do both prevention and treatment, if both are funded by the legislature. Has only received funding to do prevention, so they are not conducting treatment.
CO	Mental Health.

DC	No State agency has authority to deal with this matter.
FL	"Department of the Lottery contracts with the Florida Council on Compulsive Gambling to implement education, referral and treatment programs."
GA	"There is no agency designated. There is a Statewide Council on Compulsive Gambling but they are not a funded agency."
HI	No State agency has authority to deal with this matter. "If someone is gambling the police are in charge of arresting them."
ID	No State agency has the authority to treat this problem, but "if there was, we would be the ones."
KY	Did not identify another agency*
ME	Did not identify another agency*
MD	Mental Hygiene Administration
MN	Mental Health.
MS	There is no State agency with legislated authority or funding to deal with this population. However, the Department of Mental Health has assumed this responsibility, and has positioned trained staff at the mental health centers in areas where gaming establishments are located.
MT	No agency identified that has responsibility
NV	No State agency has the authority to deal with this matter.
NH	"There is none. There is a volunteer group: NH Council on Problem Gambling (located in Vermont)."
NM	"The Native American Tribes who have casinos are responsible."
*NY	Has been the responsibility of Mental Health. Shifting to OASAS in FY '05.
*NC	The AOD Agency Director originally responded that "No State agency has authority to deal with this matter. There is no [legalized] gambling in the State." (Note: There are gaming facilities on tribal land in NC, owned and managed by the NC Native American Indian population). As this report was under preparation, the situation changed in NC. The North Carolina SSA has only recently been identified as the State agency with responsibility for treating this population, and their State legislature has allocated \$250,000 in funds generated from gaming revenues to support this effort.
ND	The Department of Human Services receives funding from gambling revenue. The ND SSA contracts with providers who provide the service. They review the responses to requests for proposals and monitor the contracts, but it is the Department of Human Services that is assigned the responsibility.
*OH	Testing treatment approaches on a pilot basis with clients with co-occurring gambling/substance use disorder – there is currently no locus of responsibility for treatment identified, although they are seeking a statutory language change that would give them responsibility.
*OK	No State agency has authority to deal with this matter. Notes that a gaming bill was recently passed that sets aside \$250,000 for treatment.
PA	No State agency was identified (note – as this report was being prepared, the SSA in this State reported that they had just been assigned this responsibility.
*TX	No State agency has authority to deal with this matter. "TCADA used to have funding but this FY it was eliminated. When it did receive funding it was from the Lottery

	Commission."
UT	To the member's knowledge, no State agency has authority to deal with this matter.
VA	Did not identify another agency.
VT	No State agency has authority to deal with this matter. "The State legislature appropriates a small amount of money for a commission to educate the public about gambling issues."
*WA	No State agency has authority to deal with this matter. "[The Washington SSA] had the responsibility last year, but funding was not approved for this year. This funding may be restored next year." The respondent was referring to a "one-time" funding of \$500,000.
WI	No State Agency has the responsibility for treating compulsive gambling. The Wisconsin SSA has an annual contract in the amount of \$250,000, the "Compulsive Gambling Awareness Campaign Contract," with the Wisconsin Council on Problem Gambling. The contract is funded from Wisconsin Lottery proceeds. The SSA only has funds for this campaign, and does not have funds for treating compulsive gambling.
WY	To the member's knowledge, no State agency has authority to deal with this matter.

Note: For States not able to say if there was or was not a locus of responsibility for treatment, NASADAD investigated and was not able to identify either a problem gambling association or a state government agency with this responsibility.

Discussion

Twenty-three SSAs reported that they are currently responsible for treating problem/pathological gambling. Seven respondents identified another agency with this responsibility. The remaining 21 respondents said no agency has the responsibility, or they are just not aware of any agency that has this assigned responsibility.

In reviewing comments that accompanied these responses, it quickly becomes evident that several States are in periods of transition. In California, the State legislature has determined that the AOD Agency should be responsible for providing prevention and treatment, but only if those services are funded. To date, treatment for problem gambling has not been earmarked for funds in the State's budget. However, the California Indian Gaming Commission provides financial support for problem gambling prevention efforts.

The Ohio and New York SSAs are anticipating the assumption of this role. Ohio commented that they are engaged in piloting several initiatives in their State, and believe that they will be assigned the responsibility for treating this population, with funding coming from the Ohio Gaming Commission. New York is in the process of shifting this responsibility from the Office of Mental Health to the Office of Alcohol and Substance Abuse Services, and reports that the State General Revenue fund will support treatment efforts.

The Texas and Washington State SSAs both responded that although they had this responsibility until recently, the elimination of funding meant that treatment for problem gambling could no longer be supported. Washington noted that their funding (\$500,000) was one-time only. They still provide the service to those who can pay for it, and are

hopeful that if such an effort were ever to be funded again, they would be identified as the agency to implement it. Both States identified gaming entities as sources of funding. Texas identified the State's Lottery Commission as the source, and Washington State identified revenue from both tribal and non-tribal casinos.

The Oklahoma SSA reported that no agency has responsibility for providing treatment for problem gambling, but that the State legislature recently passed a gaming bill that sets aside \$250,000 for treatment. Pennsylvania reported as this paper was under preparation that they have been assigned this responsibility by their State's legislature.

A review of the responses also reveals that in some States, although the SSA may not have been assigned responsibility, the SSA is still very involved in providing treatment either through formal agreements with other agencies, or because problem gambling is treated as any other co-occurring disorder. In these cases, the State's Council on Compulsive Gambling usually plays a strong role in partnership with the AOD Agency.

For example, in Florida, the SSA maintains close ties with the State's Council on Compulsive Gambling, which provides training for addiction counselors and counselors working with other types of disorders with funds received from the State's Department of the Lottery.

The Massachusetts Council on Compulsive Gambling worked with Dr. Howard Schaeffer of the Harvard Medical School and the University of Toronto to develop "Compulsive Gambling Practice Guidelines," an examination of different treatment models using evidence-based research. Counselors who specialize in the treatment of addiction and co-occurring compulsive gambling disorders use this material within the Massachusetts AOD treatment system. These efforts are funded by gaming revenue.

2. If the SSA has the responsibility for the treatment of pathological/problem gambling, does it receive special funding for these services?

In Question #1, twenty-three SSAs noted they have current primary responsibility for providing treatment for problem gambling and provided information concerning special funding sources. Five SSAs gave a qualified "yes" or "no" response, indicating some level of transitioning or secondary responsibility, and described anticipated or existing funding sources. They are identified with an asterisk in the table, below. Note: California is included in this group of five because, although they clearly have primary responsibility, it only goes into effect when their State Legislature provides funding. Although the funding infrastructure is clearly in place, to date funding has not actually been appropriated. North Dakota is included in the group of five because their Health and Human Services is the designated agency with responsibility, but they in turn assigned the SSA (a unit within Health and Human Services) with the task of issuing RFPs and monitoring contracts.

Table 2: Special Funding

AK	No special funds.
*CA	Indian Gaming Funds supports prevention efforts with \$3 million.
CT	Revenue from State-operated gaming.
DE	The State receives .01 of the State share of the proceeds from the slots.
IL	Illinois Gaming fund. A small appropriation is made from gambling receipts that allow limited treatment services at specified locations.
IN	The Division receives admission tax funds from the riverboats [where gambling is legal]. The amount is established by statute.
IA	From gambling revenues.
KS	The State gaming revenues fund and the State bingo regulation fund support activities related to treatment for problem gambling, but not for problem gambling treatment per se." See answer to #3, below.
LA	Legislatively mandated funding of \$2 million.
MA	State Retained Revenue Account (Racing and Lottery).
MI	Primarily from casino licensing fees.
MO	Receives .01 for every admission to the riverboats where the casinos are located.
NE	Lottery revenue and charitable gaming allocation.
NJ	State annual special appropriation (\$600,000)
*NY	If OASAS assumes this responsibility for the next fiscal year, money would be appropriated from the Mental Health division to OASAS from State General Funds.
NC	Initial responses were "not applicable." As this report was under preparation, NC reported that the SSA will receive an appropriation of around \$250,000 from the State legislature, income derived from "Hot Lotto" and "Powerball" (recently introduced in the State).
*ND	Issues RFPs and monitors contracts only. Funding is from gaming revenues.
*OH	The Ohio Lottery Commission funds the pilot projects referenced above.
OR	Receives .01 of all State lottery revenues.
PA	Will come out of gambling revenues
RI	Receives a small amount of funding in the State's budget for this purpose. It is based on revenue collected from the State's lottery. RI issued an RFP and two providers conduct outreach and treatment for this population.
SC	"We received funding from the unclaimed prize money account of the SC Lottery Commission. We don't automatically get these dollars; they must be appropriated by the legislature annually. Presently, we have \$1 million for treatment and we are 8 months into the funding year (calendar) as this funding came through our Budget and Control Board (budget office)."
SD	"State lottery and Deadwood gambling dollars." [Deadwood is an old mining town in SD known for its historic gaming halls.]
*TN	Funding from DUI revenues is new and has not been awarded yet.
WV	Funds are provided by the West Virginia Lottery Commission

Discussion

In almost all of the 25 cases where there is an identified organizational entity with a responsibility or anticipated responsibility for providing treatment services, and funding to support that responsibility or anticipated responsibility, the funding is overtly tied to gambling revenues. Only four SSAs report other types of financial support. New York noted that funding is to be provided from State General Funds. Louisiana reported that \$2 million is legislatively mandated for funding for treatment for problem gambling. New Jersey cited a State special appropriation of \$600,000 to provide this service. Tennessee has not been awarded funds yet, but anticipates support from DUI revenues. In every State where responsibility for treatment is assigned to the SSA, only Alaska reports that there is no special funding stream to support the service. Another striking characteristic among the responses is the lack of uniformity from State to State in exactly how that funding stream is generated. Some States report revenue from lottery commissions, others as some percent of the income that gaming establishments earn, others report receiving a percent of State revenues from gaming, etc.

3. Are problem/pathological gambling treatment services offered by substance abuse treatment providers that receive SSA funding?

Table 3: SSAs whose providers offer services

Yes (22)	AZ, *CT, DE, IL, IN, IA, *KY, *LA, MA, MN, MS, MO, NE, NV, NJ, *NY, *NC, OR, SC, *SD, *WA, WV
No (29)	AL, AK, AR, CA, CO, DC, *FL, GA, HI, ID, *KS, ME, MD, MI, MT, NH, NM, ND, *OH, OK, *PA, RI, *TN, TX, UT, VA, VT, *WI, WY

* The asterisk denotes some level of qualification to or further information regarding the response. Please read the text of the State responses, below:

*CT	"Given that we have the world's largest casino here in our State, as well as State operated gambling as a revenue generator, it is a very important area of work in our agency."
*FL	"Programs offered through the Florida Council on Compulsive Gambling (FCCG) train treatment professionals on gambling issues. They operate a help line, and callers are referred to these professionals for screening and assessment. That person refers to treatment when indicated. We have also added several questions to the FL Youth Substance Abuse Survey to capture information on prevalence."
*KS	"Current level of funding utilized to maintain the infrastructure (helpline, counselor certification training, referral service to a credentialed counselor for problem gambling, public awareness efforts, and media."
*KY	"Services are provided in a few areas of the State. There are only about ten counselors certified in gambling treatment in Kentucky."
*LA	"Outpatient services are provided by contracted certified compulsive gambling counselors housed in OAD outpatient clinics, inpatient services are provided by contractors in separate facilities."

MA	Problem Gambling Specialists within the AOD treatment system address this co-occurring disorder when it is identified. MA is examining the feasibility of expanding this capacity in partnership with the MA Council on Compulsive Gambling, which provides education and prevention services through a contractual relationship with the AOD Agency.
MI	"We have a separate counselor/provider system for problem gambling."
*NY	"At this time problem gambling treatment is a separate program effort with separate funding from AOD treatment services programs and funding. Currently, the New York Council on Problem Gambling provides funding for a hotline and for periodic conferences through a contract with the Office of Mental Health. At this time, the OMH funds mental health agencies for problem/pathological gambling treatment services."
NJ	"The Statewide Council on Compulsive Gambling conducts awareness, prevention and intervention efforts."
NC	This State's treatment system is under transition concerning this responsibility.
*ND	Contracts this service out separately.
NM	"The tribes have a small fund and did some certification of providers (how, we do not know). We began to address this issue systematically at the last legislative session, suggesting the Behavioral Health Services Division provide some oversight to this process. The session ran out before the bill was heard."
*OH	"These services are being offered by five substance abuse treatment providers through the pilot program previously identified."
*PA	"We are looking at our options" (responsibility was very recently assigned).
RI	Issued an RFP and contracts with two providers to conduct outreach and treatment.
*SD	"Our local providers are using the South Oaks Gambling Screen on all folks applying for treatment. They use the SOGS to determine if a more extensive assessment is in order. Presently, we are only treating a diagnosis of pathological gambling, but we've noticed the problem really lies with folks who are 'problem' gamblers and so, we will be asking the funder (Budget and Control Board) to allow us to move toward treating problem gamblers."
*TN	As noted in question #2, funding is new and has not been awarded yet.
*WA	"We have trained about 200 AOD treatment providers. There is no funding so clients must pay for their own gambling treatment unless they have co-occurring gambling and AOD issues."
*WI	Currently, we have 70 treatment providers who provide counseling for problem gambling throughout the State. Six of them are certified Alcohol and Drug Counselors (CADC) only, 64 have advanced degrees, and 46 of the 70 have their CADC along with a masters level of higher.

Discussion

Many of the States who responded identified their State's Council on Compulsive Gambling as important partners in developing support for the provision of treatment for problem/pathological gambling through education and prevention efforts. These States seem to have a strong co-occurring compulsive gambling treatment component to their

systems whether or not they have been identified as the entity responsible for providing these services.

Treatment for pathological/problem gambling seems to be widely recognized as an area that requires special clinical expertise. Many respondents described special counselor training and/or certification programs for the treatment of compulsive gambling, or plans to develop and implement such a component.

Almost all of the respondents who answered “yes” to this question, and some who answered “no” described services that are co-located with, but kept separate from the SSA treatment provider system. In some systems, as in Michigan and Iowa, for examples, the boundary separating treatment for compulsive gambling and treatment for addiction is kept very clear, but the services are thoroughly integrated within the structure of the treatment system. The SSAs’ responses to Question 4 provide some additional detail into how some SSAs have managed to work this relationship out in the conduct of their day-to-day operations.

4. Do your AOD treatment providers routinely screen, assess and provide treatment for problem gambling?

Tables 4a and 4b

	Yes	No	Did not answer, answered “N/A” or “Unknown”
Screen?	*AZ, CT, DE, IL, IA, KS, KY, LA, MA, *MO, MS, NE, NV, *NH, NJ, *OH, OR, *SC, SD, TX, WV	AK, CA, CO, FL, ID, IN, MN, *NM, *NY, NC, ND, PA, RI, TN, VT, WA, WI, WY	AL, AR, DC, GA, HI, ME, MD, MI, MT, OK, UT, VA
Total (51)	21	18	12
Assess?	CT, DE, IL, LA, *MO, MS, NV, NJ, OK, *SC, SD, TX, WV	AK, CA, CO, FL, ID, IN, KY, MN, *NM, *NY, NC, ND, PA, RI, TN, VT, WI, WY	AL, AZ, AR, DC, GA, HI, IA, KS, ME, MD, MA, MI, MT, NE, NH, OH, OR, UT, VA, WA
Total (51)	13	18	20
Treat?	CT, DE, IL, LA, *MO, MS, MA, NV, *SC, SD, WV	AK, CA, CO, FL, ID, IN, KY, MN, *NM, *NY, NC, ND, PA, RI, TN, VT, WI, WY	AL, AZ, AR, DC, GA, HI, IA, KS, ME, MD, MI, MT, NE, NH, NJ, OH, OK, OR, TX, UT, VA, WA
Total (51)	11	18	22

Additional comments or qualifications to responses, above:

*AZ	Noted that they also refer after screening.
*MO	"Only those providers with a compulsive gambling contract provide gambling assessment and treatment. All providers screen for compulsive gambling and refer when appropriate."
*NH	"Some residential facilities, using the Revised South Oaks Problem Gambling Screen."
*NM	Noted "not adequately."
*NY	"The SSA is itself a treatment provider, operating 13 inpatient treatment facilities (Addiction Treatment Centers); several of these have screening for pathological/problem gambling. System-wide, however, AOD treatment providers do not routinely provide screening, assessment or treatment services at this time."
*SC	"Presently, we are only treating a diagnosis of pathological gambling, but we've noticed the problem really lies with folks who are 'problem' gamblers and so, we will be asking the funder (Budget and Control Board) to allow us to move toward treating problem gamblers."
*WI	"A small number (70 treatment providers) screen, assess and treat as referenced in #3."

Discussion

Twenty-one (41%) of the respondents noted that they routinely screen for this problem. Although Oklahoma does not include this issue as part of their screening, they do capture the information during the assessment process. Many of the States that screen, but do not assess, or do not assess and treat, report a systemic referral process in place that will direct the client to the appropriate resource.

Table 4c, below, contains the responses from Question #1 concerning the locus of responsibility for treatment and funding availability, and compares these responses to the answers to Question #4, whether or not providers at SSA funded programs screen, assess and treat problem gambling.

Table 4c: Identified Responsibility AND Funding, Compared with Clinical Practices

Identified responsibility AND special funding		Screen		Assess		Treat	
Yes (18)	No (33)	Yes	No	Yes	No	Yes	No
	AL		X		X		X
	AK		X		X		X
	AZ	X			X		X
	AR		X		X		X
	CA		X		X		X
	CO		X		X		X

Identified responsibility AND special funding		Screen		Assess		Treat	
Yes (18)	No (33)	Yes	No	Yes	No	Yes	No
CT			X	X		X	
	DC		X		X		X
DE		X		X		X	
	FL		X		X		X
	GA		X		X		X
	HI		X		X		X
	ID		X		X		X
IL		X		X		X	
IN		X		X			X
IA		X			X		X
KS		X			X		X
	KY	X			X		X
LA		X		X		X	
	ME		X		X		X
	MD		X		X		X
MA		X			X	X	
MI			X		X		X
	MN		X		X		X
	MS		X	X		X	
MO		X		X		X	
	MT		X		X		X
NE		X			X		X
	NV	X		X		X	
	NH	X			X		X
NJ		X		X			X
	NM		X		X		X
	NY		X		X		X
NC			X		X		X
	ND		X		X		X
	OH	X			X		X
OR		X			X		X
	OK		X	X			X
	PA		X		X		X
RI			X		X		X
SC		X		X		X	
SD		X		X		X	
	TN		X		X		X
	TX	X		X			X
	UT		X		X		X
	VA		X		X		X
	VT		X		X		X

Identified responsibility AND special funding		Screen		Assess		Treat	
Yes (18)	No (33)	Yes	No	Yes	No	Yes	No
	WA		X		X		X
WV		X		X		X	
	WI		X		X		X
	WY		X		X		X

Since State AOD Agencies that do not have responsibility and special funding would not be expected to screen, assess or treat compulsive gambling, NASADAD staff eliminated the 27 responses from States that do not have responsibility or receive funding, and do not screen, assess or treat, in order to better focus on the responses from the remaining 24 SSAs that reported some combination of these factors (Table 4d, below).

Table 4d

Identified responsibility and special funding		Screen		Assess		Treat	
Yes (17)	No (8)	Yes	No	Yes	No	Yes	No
	AZ	X			X		X
CT			X	X		X	
DE		X		X		X	
IL		X		X		X	
IN		X		X			X
IA		X			X		X
KS		X			X		X
	KY	X			X		X
LA		X		X		X	
MA		X			X	X	
MI			X		X		X
	MS		X	X		X	
MO		X		X		X	
NE		X			X		X
	NV	X		X		X	
	NH	X			X		X
NJ		X		X			X
	OH	X			X		X
OR		X			X		X
	OK		X	X			X
RI			X		X		X
SC		X		X		X	
SD		X		X		X	
	TX	X		X			X
WV		X		X		X	

NASADAD sorted these responses into four tables, depending on the degree to which clinical practices reflect locus of responsibility and level of funding. The first table consists of the responses from those SSAs that have the designated responsibility, are supported by funding, and provide all three services through treatment facilities that receive at least some funding controlled by the SSA. (Please note that the following four tables are explications of Table 4d.)

Table 4d - 1

“All practices reported are consistent with the expected response based on reported responsibility and funding”

Identified responsibility and special funding		Screen		Assess		Treat	
Yes	No	Yes	No	Yes	No	Yes	No
DE		X		X		X	
IL		X		X		X	
LA		X		X		X	
MO		X		X		X	
SC		X		X		X	
SD		X		X		X	
WV		X		X		X	

Six of these seven States identified funding streams to support these services that are, in one way or another, collected from gaming revenue. Louisiana reported funds (\$2 million) that are set-aside by the State’s legislature for the purpose of providing treatment for compulsive gambling through the State’s SSA. Table 4d-2 shows those States whose responses in regard to clinical practices do not seem to reflect their level of responsibility for providing compulsive gambling services that are supported with funding. Their responses are examined in depth.

Table 4d - 2

“No practice reported that is consistent with the expected response based on reported responsibility and funding”

Identified responsibility and special funding		Screen		Assess		Treat	
Yes (3)	No (1)	Yes	No	Yes	No	Yes	No
MI			X		X		X
	NV	X		X		X	
NC			X		X		X
RI			X		X		X

There are four States where there is apparently no relationship between the SSA responsibility for providing treatment and whether or not the treatment providers that receive some portion of SSA monies screen for, assess and treat problem gambling.

The situation in North Carolina was discussed in previous sections. The North Carolina SSA has only recently been identified as the State agency with responsibility for treating this population, and their State legislature has allocated \$250,000 in funds generated from gaming revenues to support this effort.

In Michigan, the SSA Director reports that they maintain a system for the treatment of problem gambling that is separate from but co-located with the public substance use disorder treatment system. This may be due to the way that the SSA is organized within the State government structure. The Michigan Department of Community Health (MDCH) administers public health services within the State. Services for substance use disorder treatment are administered through this department, as are services for compulsive gambling (recently transferred to them from the Michigan Bureau of State Lottery). Therefore, one agency administers both functions. MDCH maintains a 24-hour toll-free helpline for people to call if they or someone they know has a gambling problem. Neighborhood Service Organization, a Detroit-based crisis intervention organization under contract with MDCH, answers the helpline calls, coordinates the initial consultations with qualified counselors and oversees ongoing treatment of clients when necessary.

Nevada is unique among the States in that gaming has long been the State's major industry. Direct and indirect revenue from gaming establishments, their employees, and visitors to the State are part of the basis of the State's economy. The Nevada Bureau of Alcohol and Drug Abuse (BADA) contracts with private non-profit and governmental providers to treat substance abuse related disorders. Some of these organizations also provide services to this population, in many cases without a funding stream because BADA funds cannot be used to support these services. The majority of funding that is available for treatment services comes directly from the industry. The Nevada substance use disorder treatment system providers routinely screen for, assess and treat this disorder as they would for other types of co-occurring disorders.

In Rhode Island, the State legislature provided limited funds for treatment of problem/pathological gambling, and identified the Rhode Island Division of Behavioral Healthcare Services as the responsible agency. This agency issued a request for proposals from providers, and awarded contracts to two providers. The SSA and the Mental Health Program are combined into one agency in this State. Although the NASADAD member responded that the SSA is responsible for providing treatment, the service is actually part of the mental health provider system. For example, the Rhode Island Hospital for Mental Health Services provides treatment for pathological gambling. This would clarify the apparent inconsistency between the SSA's status as a funder for problem/pathological gambling treatment, and the fact that its substance abuse treatment providers do not screen, assess or treat problem/pathological gambling.

In Michigan, problem/pathological gambling is recognized as a public health issue by the SSA and is being addressed in a way that affords a role to the SSA. In Rhode Island, it is actually treated as a mental health disorder by the agency that has the combined responsibility for the treatment of both substance use disorders and mental health disorders.

Table 4d - 3

“One practice reported that is consistent with the expected response based on reported funding”

Identified responsibility and special funding		Screen		Assess		Treat	
Yes	No	Yes	No	Yes	No	Yes	No
IA		X			X		X
KS		X			X		X
	MS		X	X		X	
NE		X			X		X
OR		X			X		X
	TX	X		X			X

There are six States where there is one practice reported that is consistent between the SSA responsibility for providing treatment and whether or not their program treatment providers screen for, assess and treat problem gambling. Four of those States (IA, KS, NE, OR) receive funding and are the designated authority for dealing with compulsive gambling in their State and two States (MS, TX) are not the designated authority and do not receive funding.

Iowa reports that the SSA is responsible for problem gambling treatment, and they identify a revenue source, but report that their providers only screen for problem gambling, and do not assess when there is a positive screen, or treat if the assessment confirms that such a problem does exist. But as in the case of Michigan, these responses are more of a reflection of how the division is organized, and perhaps also the limitations of the data collection instrument.

The Iowa Department of Public Health has five Divisions, including the Division of Behavioral Health and Licensure, which is administered by the NASADAD member. This Division handles a variety of programs organized under three Bureaus, including the Bureau of Substance Abuse. Problem Gambling Prevention and Treatment is a program within this Bureau. There are over a dozen problem gambling treatment programs that are organized with substance use disorder treatment programs, and there are two gambling treatment programs independent of substance use disorder treatment facilities. All Iowa substance use disorder counselors are required to screen for problem gambling. When the screening program does not house a problem gambling treatment program, the client is referred to a facility where this service is available for full assessment, and treatment when indicated.

Kansas noted in their response that they screen for gambling problems, but do not assess or treat. The Kansas Substance Abuse Prevention, Treatment and Recovery program is organized under the Kansas Department of Social and Rehabilitative Services (SRS). SRS collaborates with the Kansas Coalition on Problem Gambling (the gambling counselor credentialing entity) to ensure that many different kinds and levels of counselors throughout the State's social service system are credentialed to provide counseling for

problem gambling. The Substance Abuse Treatment Program is responsible for supporting this effort, and funds the types of services that maintain the infrastructure (a helpline, counselor certification training, referral service to a credentialed counselor for problem gambling, public awareness efforts, and media). Substance use disorder counselors are required to screen for problem gambling, and then refer to a credentialed counselor for assessment and treatment when this is indicated.

Nebraska reported that they have responsibility for the treatment of problem/pathological gambling, receive funding for this purpose, and provide treatment services through providers that receive SSA funding. They reported that they only screen for problem gambling, and do not assess or treat. But the Nebraska program is very similar to the Iowa program. It has a strong compulsive gambling treatment component with a training and certification process. Trained counselors are located in SSA funded or partially-funded facilities, and clients are referred to them for assessment and treatment when the initial screen indicates there may be an issue. Clients may also be referred to individual practitioners throughout the State.

There is no specific, designated locus of responsibility in Mississippi for treating problem gambling, nor does the SSA receive funding for treating such issues, but the SSA reported they do assess and treat problem gambling. In developing a full picture of why this is, it is important to note that the SSA is organized under the State's Department of Mental Health. The SSA Director explained in a telephone consultation that there are addiction counselors trained to treat problem gambling in the State's mental health facilities that include a substance abuse treatment component. Two of these facilities are hospital-based. Compulsive or problem gambling treatment tracks are offered in areas where there are large gaming operations. Although addiction treatment counselors do not routinely screen for these problems, there is a network of counselors in key positions in the State who can recognize the symptoms, conduct an assessment and provide treatment in a setting where mental health services are also provided.

One State (TX) screens and assesses for this disorder, but does not provide treatment. Texas has had the responsibility of providing treatment in the past, but no longer receives funding from the State's legislature to provide this service. At this time, they refer clients for treatment.

Table 4d - 4

Two practices reported that are consistent with the expected response based on reported funding).

Identified responsibility and special funding		Screen		Assess		Treat	
Yes	No	Yes	No	Yes	No	Yes	No
	AZ	X			X		X
CT			X	X		X	
IN		X		X			X
	KY	X			X		X
MA		X			X	X	
	NH	X			X		X
NJ		X		X			X
	OH	X			X		X
	OK		X	X			X

Discussion

Five States in the table above do not receive funding to address compulsive gambling, and are not the designated authority for dealing with this disorder. In each case, two of their responses are consistent with this status. Four of these states (AZ, KY, NH and OH) screen for compulsive gambling disorders, and refer for further assessment and treatment. Oklahoma does not include compulsive gambling as part of their screening process, but it is included in their assessment. Their State legislature has very recently appropriated money for treatment for this co-occurring disorder, but the agency that will administer the funds has not been identified as of this writing.

Four States in the table above do receive funding to address compulsive gambling, and are the designated authority in their State for dealing with this disorder. In each case, two of their responses are consistent with this status. However, only two of these States (CT, MA) provide treatment for this disorder within their addiction treatment system. In both of these States, there is a very high level of awareness of compulsive gambling as a commonly co-occurring mental health disorder. The Massachusetts response noted that problem gambling, which does not qualify as a severe mental disorder and thus is not eligible for treatment in their mental health system, is much more prevalent among their substance use disorder treatment population than pathological gambling. Connecticut noted that their State has the largest casino in the world, and that helping substance use disordered clients deal with a co-occurring problem gambling disorder is a common challenge for counselors. Two States (IN, NJ) have referral processes in place for substance use disorder clients who have a co-occurring compulsive gambling disorder. This treatment occurs independently of the substance use disorder treatment, but is supported with funds managed by the SSA.

Although problem/pathological gambling is classified in the DSM IV-R as an Impulse Control Disorder, only four out of the seven States that identified an agency responsible

for treating compulsive gambling identified the State's Mental Health Agency as responsible for providing the treatment (see below).

Table 4e – Agencies other than the SSA with responsibility for treatment

State Mental Health Agency	CO, MD, MN, *NY
Other agency or entity	AZ, FL, NM,

*NY – in transition to AOD Agency.

Discussion

It should be noted that since the Rhode Island Mental Health and Substance Use Disorder Agencies are completely merged into a single agency, they are not included in this table (there is no separate Mental Health Agency for responsibility to be assigned to).

Although Compulsive Gambling is identified as an Impulse Control Disorder, many more State AOD Agencies than State Mental Health Programs are assigned responsibility for the treatment of compulsive gambling. State Mental Health Programs are charged primarily with treating the severely mentally ill. Those with compulsive gambling disorders may be bringing economic ruin to their lives and the lives of others, but usually do not fall into the classification of having severe mental illness. This is true of the majority of the individuals who present for treatment of a substance use disorder, and who have a co-occurring mental health disorder of some other description.

There is a high incidence of alcohol use disorders (AUD) among those who have been diagnosed with compulsive gambling (NIAAA, 2002). And although no substance is involved, the behavior of the compulsive gambler closely mimics the behavior of someone with an addiction. For these reasons, it may make sense to State legislatures to use the existing addiction treatment infrastructure to provide treatment for problem/pathological gambling, rather than assign this responsibility to the States' mental health programs.

The fact that the behavior is categorized as an Impulse Control Disorder rather than as a Substance Use Disorder also provides the most likely explanation for why treatment is provided in parallel to substance use disorder treatment as a co-occurring mental health disorder, rather than as an addiction. Treatment practices comply with funding stream requirements, and most treatment facilities receive funds that are specifically intended to treat substance use disorders with perhaps a co-occurring mild or moderate mental health disorder that complicates addiction treatment, not mental health disorders per se.

Conclusions and Recommendations

As long as State governments continue the practice of increasing gaming opportunities in order to enhance revenue, a growing number of SSAs seem destined to play a role in the treatment of problem/pathological gambling. States who seem to be actively managing the current challenge almost all share certain characteristics:

1. Either they are the identified agency responsible for treatment, or there is another identified entity that has the responsibility with whom they closely collaborate.
2. This treatment is supported by a revenue stream that is identified by the State's rules and regulations concerning gaming. The identification of an agency and of a revenue stream for treating problem/pathological gambling may be part of a "quid pro quo" necessary for getting the gaming legislation passed in each State.
3. The existing substance use disorder treatment infrastructure is in some way enlisted to assist in the treatment of problem/pathological gambling.
4. Although not discussed in this paper, it seems that many of the State AOD Agencies with a strong system for treating compulsive gambling also report strong collaborative relationships with their State's Coalition on Problem/Pathological (or Compulsive) Gambling.

In anticipation of an increase in the number of clients in the substance use disorder treatment system who have a co-occurring diagnosis of compulsive gambling, it may make sense to help States manage this trend by:

1. Engage the National Alliance for Model State Drug Laws to develop model language that State legislatures can use. This sample language would require the identification of an agency responsible for providing treatment, and a funding stream from gambling revenues to support it.
2. Making information concerning "Best Practices" for treating substance use disorders and co-occurring compulsive gambling information more widely available.
3. Developing templates of organizational models that States with a history of gaming have used successfully to treat this population, including samples of Memorandums of Agreement or Understanding that SSAs have developed with State Problem/Pathological Gambling Coalitions, and treatment program and practitioner credentialing.
4. Engaging in initiatives that would lead to closer ties between NASADAD and the Association of Problem Gambling Service Administrators (APGSA).

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